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TRANSMITTAL
FORM

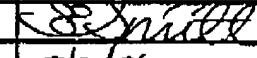
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TRANSMITTAL FORM <i>(To be used for all correspondence after initial filing)</i>		Application Number	10/784,856
		Filing Date	February 23, 2004
		First Named Inventor	MARIONI
		Art Unit	2834
		Examiner Name	PRESTON, ERIK D
Total Number of Pages in This Submission	10	Attorney Docket Number	7202-52

ENCLOSURES (Check all that apply)

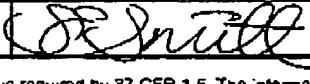
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
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Remarks		
Please charge any fee deficiencies or credit any overpayments to Deposit Account No. 50-0951.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Sarah E. Smith, Registration No. 50,488 Akerman Senterfitt	
Signature		
Date	3/2/06	

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